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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) South Building, Suite 500 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Charles W. Stellar Type or Print Name of Treasurer Electronically Filed by Charles W. Stellar 07 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC)

FEC Form 3X (Rev. 02/2003)

м м 06 Y W Y 2011 м м 0 6 <sup>D</sup> 30 D D 0 1 2011 Report Covering the Period: From: To:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011 Y Y Y		100661.07
	(b) Cash on Hand at Begining of Reporting Period	62226.38	
	(c) Total Receipts (from Line 19)	37936.46	132074.31
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100162.84	232735.38
<b>.</b>	Total Disbursements (from Line 31)	42063.48	174636.02
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58099.36	58099.36
	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

м м 0 6 0 1 м°м 06 3 0 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 21562.78 71719.59 (i) Itemized (use Schedule A) ...... 873.68 7854.72 (ii) Unitemized ..... (iii) TOTAL (add 22436.46 79574.31 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 15500.00 52500.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 37936.46 132074.31 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 37936.46 132074.31 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 37936.46 132074.31

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(subtract Line 18(c) from Line 19) .....

### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures:
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 63.48 886.02 Expenditures..... **Total Operating Expenditures** 63.48 886.02 (add 21(a)(i), (a)(ii) and (b))........... 22. Transfers to Affiliated/Other Party 0.00 2500.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 39500.00 169000.00 24. Independent Expenditure 0.00 0.00 (use Schedule E) ..... 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 2500.00 2250.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 42063.48 174636.02 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 42063.48 174636.02

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	37936.46	132074.31
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	37936.46	132074.31
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63.48	886.02
87.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	63.48	886.02

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may r e name and addro	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Gary Bacher			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y 1 D D D D D D D D D D D D D
City	State	Zip Code	Transaction ID: 20110613153145-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance	Occupation	e President	
Plans Receipt For:	<del>-                                     </del>	e Fresident  'ear-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1500.00	
Full Name (Last, First, Middle Initial) Gary Bacher	<b>.</b>		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	M M / D D / Y Y Y Y Y O D D / 2011		
City	State	Zip Code	Transaction ID: 2011062615527-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vic	e President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110613153145-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	Vice President, Clinical Aff	
Receipt For: Primary General Other (specify)	Aggregate Y	'ear-to-Date ▼ 2499.96	
	0 0	0 0 0 0 0 0	458.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7 / 43   (check only one)
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PA	C (AHIP PAC	(2)	
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	06 30 7 2011		
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011062615527-3  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans		e Vice President, Clinical Aff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2499.96	
— В.	Full Name (Last, First, Middle Initial) Christopher Booth	Date of Receipt		
	Mailing Address 165 Court St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Rochester	State NY	Zip Code 14647-0001	Transaction ID: 2B11CBC459871819AA  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1667.00
	Name of Employer The Lifetime Healthcare Companies	Occupatio EVP and		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1667.00	
_ С.	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	0 6 1 5 / Y Y Y Y Y Y		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110613153145-4  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Regional	Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
	SUBTOTAL of Receipts This Page (optional)			1917.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PA	C (AHIP PAC	<del>;</del> )	
_	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	06 / 30 / Y Y Y Y		
	City	State	Zip Code	Transaction ID: 2011062615527-4
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Regional		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.04	
	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20110613153145-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graphi	ic\$
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		1250.04	
_	Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 2011062615527-7
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graph	ics
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1250.04	
г				250.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	g the name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South B City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20110613153145-9  Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del></del> '	fairs Manager Year-to-Date   302.06	
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania A Suite 500, South B City	Date of Receipt    M M		
Washington FEC ID number of contributing federal political committee.	DC C	Zip Code 20004	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		fairs Manager Year-to-Date ▼ 302.06	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania	Avenue N.W.		Date of Receipt
Suite 500, South B		Zip Code	0 6 1 5 2 0 1 1 Transaction ID: 20110613153145-12
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period  62.50
Name of Employer America's Health Insurance Plans Receipt For:		n e Director Insurance Educatio Year-to-Date ▼	or
Primary General Other (specify) ▼		750.00	
SUBTOTAL of Receipts This Page (optional	al)		125.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	(AHIP PAC	D)	
Α.	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			06 30 2011
	City	State DC	Zip Code	Transaction ID: 2011062615527-12
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		e Director Insurance Education e Year-to-Date ▼ 750.00	or
– В.	Full Name (Last, First, Middle Initial) Cynthia Depew			Date of Receipt
	Mailing Address 602 Pennsylvania Avel Suite 500, South Buildi	0 6 1 5 / Y Y Y Y Y Y Y Y		
	City	State DC	Zip Code	Transaction ID: 20110613153145-13
	Washington  FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period  20.83
	Name of Employer America's Health Insurance Plans	Occupatio Manager	n of Media Relations	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.96	
- ).	Full Name (Last, First, Middle Initial) Cynthia Depew			Date of Receipt
	Mailing Address 602 Pennsylvania Aver Suite 500, South Buildi	0 6 3 0 / Y Y Y Y Y		
	City Washington	State DC	Zip Code 20005	Transaction ID: 2011062615527-13
	FEC ID number of contributing federal political committee.	C	20003	Amount of Each Receipt this Period  20.83
	Name of Employer America's Health Insurance Plans		of Media Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.96	
	SUBTOTAL of Receipts This Page (optional)			104.16
T	TOTAL This Period (last page this line number	only)	•	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	n for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Zeke Duda Mailing Address 23 Old Westfall D	r	Date of Receipt  0 6 2 8 2 0 1 1		
City Rochester	State Zip Code NY 14625-1045	Transaction ID: D44F257DCC13B62C		
FEC ID number of contributing federal political committee.	C	1667.00		
Name of Employer Lifetime Healthcare Compa- nies Receipt For:  Primary  General  Other (specify) ▼	Occupation Senior Executive VP and CFO  Aggregate Year-to-Date   1667.00			
	Dunning			
City	State Zip Code	0 6 1 5 2 0 1 1 Transaction ID: 20110613153145-15		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer America's Health Insurance Plans	Occupation Regional Director			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04			
Full Name (Last, First, Middle Initial) Katie Dunning				
Mailing Address 601 Pennsylvania Suite 500, South I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer America's Health Insurance Plans	Occupation Regional Director			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04			
SUBTOTAL of Receipts This Page (option	nal)	1750.34		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Daniel Durham		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	06 15 2011
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20110613153145-16  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	
Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B	0 6 3 0 Y Y Y Y Y	
City	State Zip Code	Transaction ID: 2011062615527-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance	Occupation EVP, Policy and Regulatory Affairs	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1041.65	
Full Name (Last, First, Middle Initial) Paul Eiting		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	0 6 1 5 Y Y Y Y Y	
City Washington	State Zip Code DC 20004	Transaction ID: 20110613153145-17
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period  31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
	al)	. 447.91

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	nd Statements may not be sold or used by any pg the name and address of any political committee	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania	Avenue N.W.	Date of Receipt
Suite 500, South B City Washington	Building State Zip Code DC 20004	Transaction ID: 2011062615527-17  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Deputy Director  Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial) Candy Gallaher  Mailing Address 601 Pennsylvania	Date of Receipt	
Suite 500, South B	06 30 2011	
Washington	State Zip Code DC 20004	Transaction ID: 2011062615527-18  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary  Other (specify) ▼	Occupation Vice President, State Policy  Aggregate Year-to-Date   208.35	
Full Name (Last, First, Middle Initial) Leanne Gassaway		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	06 15 2011	
City Washington	State Zip Code DC 20004	Transaction ID: 20110613153145-19  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27.08
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Regional Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 324.96	
SUBTOTAL of Receipts This Page (options	al)	100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	he name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Leanne Gassaway  Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	7.0.4	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington  FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Amount of Each Receipt this Period  27.08
	Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		on I Director e Year-to-Date ▼ 324.96	
В.	Full Name (Last, First, Middle Initial) Jay Gellert  Mailing Address 21650 Oxnard St Ste 2200  City	State	Zip Code	Date of Receipt  0 6 0 7 2 0 1 1
	Woodland Hills  FEC ID number of contributing federal political committee.	CA C	91367-4901	Transaction ID: 6FBB34E651C8484EFF6  Amount of Each Receipt this Period  2000.00
	Name of Employer Health Net, Inc.  Receipt For: Primary General Other (specify)	Occupation President Aggregate		
с. С.	Full Name (Last, First, Middle Initial) Daniel Hilferty Mailing Address 200 Stevens Dr			Date of Receipt  0 6 1 4 2 0 1 1
	City Philadelphia FEC ID number of contributing federal political committee.	State PA	Zip Code 19113-1522	Transaction ID: 14D1C89B1FFAE1BA329 Amount of Each Receipt this Period 3000.00
	Name of Employer Keystone Mercy Health Plan  Receipt For: Primary General		nt and CEO e Year-to-Date ▼	
ſ	Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		3000.00	5027.08
	TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 43 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	<b>;</b> )	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildii			06 15 2011
City	State	Zip Code	Transaction ID: 20110613153145-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer	Occupatio	n	7
America's Healfh Insurance Plans	Senior A	ssociate Counsel, Special Pr	oj
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		375.00	
Other (specify) ▼	0 0	070.00	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildii	06 30 7 9 9 1		
City	State	Zip Code	Transaction ID: 2011062615527-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel, Special Pr	oj
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Edward Hopkins			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildii			0 6 1 5 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110613153145-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, Business Advancem	ent ent
Receipt For:		e Year-to-Date ▼	7
Primary General	1.55.09410		ıl
Other (specify)		312.50	
			125.00
<b>SUBTOTAL</b> of Receipts This Page (optional)			123.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC			
Full Name (Last, First, Middle Initial) Edward Hopkins			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011062615527-23
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupatio	n	7
America's Health Insurance Plans	Deputy D	Director, Business Advancem	ent
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		312.50	
Full Name (Last, First, Middle Initial) Burt Hudson			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 6 3 0 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011062615527-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, Client Learning Serv	i
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110613153145-25
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Federal Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		999.96	
SUBTOTAL of Receipts This Page (optional)			187.50

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Av			Date of Receipt  0 6 3 0 2 0 1 1
	Suite 500, South Bui City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2011062615527-25  Amount of Each Receipt this Period  83.33
	Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼		on sident, Federal Affairs e Year-to-Date ▼ 999.96	
В.	Full Name (Last, First, Middle Initial)  David Klein  Mailing Address 165 Court St	1		Date of Receipt  0 6 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: A8D4124B5F134894CCE
	Rochester  FEC ID number of contributing federal political committee.	C	14647-0001	Amount of Each Receipt this Period  2000.00
	Name of Employer The Lifetime Healthcare Companies Receipt For:  Primary  General  Other (specify) ▼	Occupation President Aggregate		
с. С.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui			06 15 2011
	City Washington	State DC	Zip Code 20004	Transaction ID: 20110613153145-27
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For:	<del>_, '</del>	on l'ice President, Clinical Affair e Year-to-Date ▼	
	Primary General Other (specify) ▼	, iggi ogali	500.04	
	SUBTOTAL of Receipts This Page (optional)		)	2125.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			06 30 7 2011
City	State	Zip Code	Transaction ID: 2011062615527-27
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupatio Senior V	n ice President, Clinical Affair	
Plans Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggrogate	500.04	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110613153145-28
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupatio Svp, Cer	n nter for Health Policy & Resea	<del>-</del> ar
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011062615527-28
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupatio Svp, Cer	n Iter for Health Policy & Resea	ar
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
SUBTOTAL of Receipts This Page (optional)		·····	291.67

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal purposes.  Full Name (Last, First, Middle Initial)  Beth Leonard  Mailing Address 601 Pennsylvania Avenuates 500, South Building City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  Beth Leonard	(AHIP PAC)  ue N.W.	Date of Receipt  M M J D D J 2 0 1 1  Transaction ID: 20110613153145-29  Amount of Each Receipt this Period
Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial) Beth Leonard  Mailing Address 601 Pennsylvania Avenus Suite 500, South Buildin City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial) Beth Leonard	ue N.W.  g State Zip Code DC 20004  C  Occupation Senior Director Public Affairs  Aggregate Year-to-Date ▼  1250.04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Beth Leonard  Mailing Address 601 Pennsylvania Avenus Suite 500, South Buildin City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard	State Zip Code DC 20004  C  Occupation Senior Director Public Affairs Aggregate Year-to-Date  1250.04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Buildin City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Beth Leonard	State Zip Code DC 20004  C  Occupation Senior Director Public Affairs Aggregate Year-to-Date  1250.04	0 6 1 5 2 0 1 1  Transaction ID: 20110613153145-29  Amount of Each Receipt this Period
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard	DC 20004  C Occupation Senior Director Public Affairs  Aggregate Year-to-Date ▼  1250.04	Amount of Each Receipt this Period
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard	Occupation Senior Director Public Affairs  Aggregate Year-to-Date ▼  1250.04	104.17
Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Beth Leonard	Senior Director Public Affairs  Aggregate Year-to-Date ▼  1250.04	_
Beth Leonard		
		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin		0 6 3 0 Y Y Y Y Y
City	State Zip Code	Transaction ID: 2011062615527-29
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin		0 6 1 5 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20110613153145-30
Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans	Occupation Program Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (optional)		229.17

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	g the name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South E City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2011062615527-30  Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Program M Aggregate Y	Manager ∕ear-to-Date ▼ 249.96	]
Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Suite 500, South E	Building State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼		Human Resources  /ear-to-Date ▼  240.00	Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Debi Manning  Mailing Address 601 Pennsylvania Suite 500, South E  City Washington  FEC ID number of contributing	Suilding State DC	Zip Code 20004	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼		Human Resources  /ear-to-Date ▼  240.00	20.00
SUBTOTAL of Receipts This Page (option	al)	<b>)</b>	60.83

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	tatements may not be sold or used by any personame and address of any political committee to (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/_</u> <b>A</b> .	Full Name (Last, First, Middle Initial) Michael McCallister  Mailing Address 500 W Main St  City Louisville  FEC ID number of contributing federal political committee.	State Zip Code KY 40202-2946	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Humana Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation President and CEO  Aggregate Year-to-Date   2000.00	
В.	Full Name (Last, First, Middle Initial) Thomas Meyers  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City	ng State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	Occupation Executive Director Product Policy Aggregate Year-to-Date   240.00	Amount of Each Receipt this Period  20.00
 C.	Full Name (Last, First, Middle Initial) Thomas Meyers  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City	ng State Zip Code	Date of Receipt    M M
	Washington  FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period  20.00
	Name of Employer America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	Occupation Executive Director Product Policy  Aggregate Year-to-Date   240.00	
s	UBTOTAL of Receipts This Page (optional)		2040.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Joseph Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		0 6 1 5 Y Y Y Y Y Y
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20110613153145-37  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	
Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		0 6 3 0 / Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 2011062615527-37
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period  104.17
Name of Employer America's Health Insurance Plans	Occupation General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		0 6 1 5 Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20110613153145-38  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (option	al)	250.01
, , ,	nber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans 6	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A	uilding		06 30 2011
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2011062615527-38  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			06 15 2011
City	State	Zip Code	Transaction ID: 20110613153145-40
Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			06 30 7 2011
City Washington	State DC	Zip Code 20004	Transaction ID: 2011062615527-40
FEC ID number of contributing federal political committee.	C	2004	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (optional	-D		83.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 43 (check only one)    X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	C (AHIP PAC	<del>(</del> )	
	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			06 15 2011
	City	State DC	Zip Code	Transaction ID: 20110613153145-41
	Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  104.17
	Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	<del>, '</del>	n sident Product Policy Year-to-Date ▼	1
_	Full Name (Last, First, Middle Initial)  Betsy Pelovitz  Mailing Address 601 Pennsylvania Ave	nua NIW		Date of Receipt
	Suite 500, South Build	ling		06 30 2011
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011062615527-41
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  104.17
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Product Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.04	
_	Full Name (Last, First, Middle Initial) Susan Pisano	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: 20110613153145-42
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  130.47
	Name of Employer America's Health Insurance Plans	<del>, '</del>	sident Strategic Communica	ution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1565.64	
	SUBTOTAL of Receipts This Page (optional)			338.81

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 43 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building	06 30 7 2011
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2011062615527-42  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.47
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Strategic Communicat Aggregate Year-to-Date ▼  1565.64	ion
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania		Date of Receipt
Suite 500, South	Building State Zip Code	0 6 1 5 2 0 1 1 Transaction ID: 20110613153145-43
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	999.96	
Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South		06 30 7 2011
City Washington	State Zip Code DC 20004	Transaction ID: 2011062615527-43  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	
SUBTOTAL of Receipts This Page (option	nal)	297.13

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mark Pratt  Mailing Address 601 Pennsylvania	Avenue N W		Date of Receipt
Suite 500, South E	Building State	Zip Code	0 6 1 5 2 0 1 1 Transaction ID: 20110613153145-44
Washington  FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  166.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation SVP, Sta Aggregate		
Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Suite 500, South E			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011062615527-44
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer America's Health Insurance Plans	Occupation SVP, Sta	te Affairs	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.35	
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building		06 / 15 / 2011
City Washington	State DC	Zip Code 20004	Transaction ID: 20110613153145-46  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	20.83
Name of Employer America's Health Insurance Plans	<del></del>	sident, Membership	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (option	nal)		354.17

ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 43 (check only one)    X   11a
or for commercial p	oied from such Reports and Surposes, other than using the IMITTEE (In Full)	Statements may e name and add	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>\</b>	alth Insurance Plans PAC	C (AHIP PAC	<b>(</b> )	
Full Name (Last Ingrid Reeves Mailing Address	, First, Middle Initial)			Date of Receipt
waiing Address	601 Pennsylvania Ave Suite 500, South Build			06 30 2011
City		State	Zip Code	Transaction ID: 2011062615527-46
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number federal political of		С		20.83
Name of Employ America's Healt Plans	ver h Insurance	Occupatio Vice Pres	n sident, Membership	
Receipt For:	Carraval	Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General ecify) ▼	0 0	249.96	
Full Name (Last	, First, Middle Initial)	1		Date of Receipt
Mailing Address	601 Pennsylvania Ave Suite 500, South Build	ling		06 15 2011
City Washington		State DC	Zip Code	Transaction ID: 20110613153145-47
FEC ID number federal political of		C	20004	Amount of Each Receipt this Period  83.33
Name of Employ America's Healt Plans	ver h Insurance	Occupatio Vice Pres	n sident, Federal Programs	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General ecify) ▼	0 0	999.96	
Full Name (Last	, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Ave Suite 500, South Build	ling		06 30 7 2011
City		State DC	Zip Code	Transaction ID: 2011062615527-47
Washington FEC ID number federal political of		C	20004	Amount of Each Receipt this Period 83.33
Name of Employ America's Health Plans		Occupatio Vice Pres	n sident, Federal Programs	
Receipt For: Primary Other (spe	☐ General	Aggregate	e Year-to-Date ▼ 999.96	
		ı		187.49

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1	d Statements may not be sold or used by any persor the name and address of any political committee to second (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 601 Pennsylvania Av Suite 500, South Bui City		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Senior Vice President, Professional Pr Aggregate Year-to-Date ▼  500.04	- -
Full Name (Last, First, Middle Initial) Lisa Shreve  Mailing Address 601 Pennsylvania Av Suite 500, South Bui		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 2011062615527-48
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance <u>Plans</u> Receipt For:	Occupation Senior Vice President, Professional Pr Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) Stephen Sloan		Date of Receipt
Mailing Address 35 Thomas Grv		0 6 2 8 2 0 1 1
City	State Zip Code	Transaction ID: 6488CE8D46C6FEF4
Pittsford  FEC ID number of contributing federal political committee.	NY 14534-3073	Amount of Each Receipt this Period  1667.00
Name of Employer The Lifetime Healthcare Companies Receipt For: Primary General	Occupation SVP and General Counsel  Aggregate Year-to-Date ▼	
Other (specify) ▼	1667.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1750.34

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 43 (check only one)    X   11a
	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Page 1	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Charles Stellar  Mailing Address 601 Pennsylvania A Suite 500, South Bu City		Zip Code	Date of Receipt    M
	Washington  FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Executive Aggregate		
3.	Full Name (Last, First, Middle Initial) Charles Stellar  Mailing Address 601 Pennsylvania A' Suite 500, South Bu			Date of Receipt  0 6 3 0 2 0 1 1
	City	State	Zip Code	Transaction ID: 2011062615527-49
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans Receipt For:	Occupation Executive		
	Primary General Other (specify) ▼	Aggregate	1250.04	
- :.	Full Name (Last, First, Middle Initial) Buck Stinson			Date of Receipt
	Mailing Address 6620 W Broad St Bldg 4			06 09 2011
	City Richmond	State VA	Zip Code 23230-1721	Transaction ID: 22781FF52861670F0D
	FEC ID number of contributing federal political committee.	C	23230-1/21	Amount of Each Receipt this Period
	Name of Employer Genworth Financial	Occupation Presiden	n t, Long Term Care	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional	)		1208.34

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 43 (check only one)    X   11a
Any informat or for comme	ion copied from such Reports and ercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\	F COMMITTEE (In Full) as Health Insurance Plans PA	C (AHIP PAC	C)	
Full Name Michael T	e (Last, First, Middle Initial) uffin			Date of Receipt
Mailing A	ddress 601 Pennsylvania Ave Suite 500, South Build			0 6 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washin</u>	aton	State DC	Zip Code 20004	Transaction ID: 20110613153145-51  Amount of Each Receipt this Period
FEC ID n	umber of contributing olitical committee.	C	20007	208.33
Name of America's Plans Receipt F	Employer s Health Insurance For:		e Vice President e Year-to-Date ▼	
Prir	mary General ler (specify) ♥	33.53	2499.96	
Full Name				Date of Receipt
Mailing A	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			06 30 7 2011
City <b>Wa</b> shin	aton	State DC	Zip Code 20004	Transaction ID: 2011062615527-51
FEC ID n	umber of contributing olitical committee.	C	20004	Amount of Each Receipt this Period  208.33
Name of America's Plans	Employer s Health Insurance	Occupation Executive	e Vice President	
Receipt F	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 2499.96	
	e (Last, First, Middle Initial) Koevering			Date of Receipt
Mailing A	ddress 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <b>Wash</b> in	aton	State DC	Zip Code 20004	Transaction ID: 20110613153145-53  Amount of Each Receipt this Period
FEC ID n	number of contributing political committee.	C		83.33
<u>Plans</u>	Employer s Health Insurance	_ '	e Director	
	er (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
SUBTOTAL	of Receipts This Page (optional) .	1		499.99

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 43 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	<del>(</del> )	
Full Name (Last, First, Middle Initial)  Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin			06 30 2011
City	State	Zip Code	Transaction ID: 2011062615527-53
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin			0 6 1 5 2 0 1 1
City	State	Zip Code	Transaction ID: 20110613153145-54
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011062615527-54
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)			145.83

SCHEDULE ITEMIZED R	A (FEC Form 3X) RECEIPTS		Use separate schedule for each category of the Detailed Summary Pag	e(s) e (ch	DR LINE NUMBER: PAGE 32 / 43 heck only one)  K 11a  11b  11c  12 13  14  15  16  1
or for commercial p	pied from such Reports and St burposes, other than using the MMITTEE (In Full) alth Insurance Plans PAC	name and add	dress of any political comm	ny person for nittee to solic	the purpose of soliciting contributions it contributions from such committee.
Full Name (Las Brad Wolfram Mailing Address City	t, First, Middle Initial) s 1405 High Lonesome	State	Zip Code		Date of Receipt    M
Leander FEC ID numbe federal political		TX	78641-3660		Amount of Each Receipt this Period
Name of Emplo United Teacher Insurance Co Receipt For: Primary Other (sp	General	Occupation Presiden Aggregate			
Full Name (Las Robert Zirkelbad Mailing Address	601 Pennsylvania Aver				Date of Receipt
City Washington FEC ID numbe federal political		State DC	Zip Code 20004		0 6 1 5 2 0 1 1 Transaction ID: 20110613153145-56  Amount of Each Receipt this Period 104.17
Name of Emplo America's Heal Plans Receipt For: Primary Other (sp	fh Insurance	Occupation Press Se Aggregate		04	
Full Name (Las Robert Zirkelbad Mailing Address		nue N W			Date of Receipt
City Washington	Suite 500, South Buildi		Zip Code 20004		0 6 3 0 2 0 1 1  Transaction ID: 2011062615527-56  Amount of Each Receipt this Period
FEC ID number federal political		C	20004		104.17
Name of Emplo America's Heal Plans	yer th Insurance	Occupation Press Se	ecretary		
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1250.0	04	
SUBTOTAL of Re	eceipts This Page (optional)			<b>•</b>	1208.34
TOTAL This Pari	od (last page this line number of	only)			21562.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 43 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAG	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Aetna Inc. Political Action Committee  Mailing Address 20 F Street, N.W. Suite 350  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code DC 20001  C C00181826  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  M M M D D D 28 2011  Transaction ID: 902A2B1A4F9D2A97CC  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial) Genworth Financial Inc Political Action Committee Mailing Address 6620 W. Broad Street  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mutual of Omaha Companies Pac (IMPAC)  Mailing Address Mutual of Omaha Plaz  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NE 68175  C C00094581  Occupation  Aggregate Year-to-Date   5000.00	Date of Receipt  M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		12500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 43 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and Statem for commercial purposes, other than using the name		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AF	HIP PAC)	
<u>/</u>	Full Name (Last, First, Middle Initial) Universal American Corp. Pac Mailing Address 6 International Drive Suite	190	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	7	State Zip Code NY 10573	Transaction ID: 271808DCBFC878BEDB7
	EEC ID number of contributing	C C00433029	Amount of Each Receipt this Period  3000.00
	Name of Employer O	occupation	
	Receipt For:  Primary  General  Other (specify) ▼	aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	15500.00

В.

President

District:

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC (AF	IP PAC)	
Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave, I	NW	Transaction ID: 671FE8094076AD3F09 Date of Disbursement
City	State Zip Code DC 20004	Amount of Each Disbursement this Period  31.74
Candidate Name	Category Type	
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Citibank		Transaction ID: 8EF6CB061A693A0B1
Mailing Address 1101 Pennsylvania Ave, l 11th Floor	٧W	06
7	State Zip Code DC 20004	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fees Candidate Name	001 Category Type	31.74
Office Sought: House Disburse Senate	ment For: Primary General	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	63.48
TOTAL This Period (last page this line number only)	•	63.48

Other (specify)

State:

	CHEDULE B (FEC Form 3X)	Use separate schedule	(s)	FOR LINE (check on	NUMBER:	PAGE 36 / 43
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30l
	y Information copied from such Reports and Staten					
Or	for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any politi	cai coi	nmillee to so	DIICIL CONTRIBUTIONS	irom such committee
$ \rangle$	Americas Health Insurance Plans PAC (Al	HIP PAC)				
	Full Name (Last, First, Middle Initial)				Transaction II	D: 7E361497F2E29C9BE
۱.	Bill Cassidy for Congress				Date of Disbur	
	Mailing Address 8550 United Plaza Blvd. Suite 1001				06 /	22 7 2011
	City Baton Rouge	State Zip Code LA 70809			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement 2012 Primary			011	L	2500.00
	Candidate Name William Cassidy			Category/ Type		
		ement For: 2012 Primary General Other (specify)	al			
	State: LA District: 06					
	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn				Transaction II Date of Disbur	<b>D:</b> D97970C200048F4D sement
	Mailing Address PO Box 12567				06 4	22 7 2011
	City Columbia	State Zip Code SC 29211			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement 2012 Primary			011		1500.00
	Candidate Name James E. Clyburn			Category/ Type		
	Senate X President	ement For: 2012 Primary General Other (specify)	al			
	State: SC District: 06 Full Name (Last, First, Middle Initial)				T	<b>5</b> FDDF0F000F407F4D
	Friends of John Barrow				Date of Disbur	
	Mailing Address PO Box 8166				0.6	21 2011
	City Savannah	State Zip Code GA 31412			Amount of Eac	ch Disbursement this Period
	Purpose of Disbursement 2012 Primary			011		2000.00
	Candidate Name John Jenkins Barrow			Category/ Type		
	Office Sought:  X House Senate President  Disburse X	ement For: 2012 Primary General Other (specify)	al	75-		
_	State: GA District: 12					
1						6000.00

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CHEDULE B (FEC Form 3X)	Use separate schedule	(S) (check onl	NUMBER: PAGE 37 y one)	7 / 43
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e 21b 27	22 X 23 24 25 28a 28b 28c 29	30b
y Information copied from such Reports and Statem for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,			<u> </u>
Americas Health Insurance Plans PAC (AF	HP PAC)			
Full Name (Last, First, Middle Initial) Guthrie for Congress			Transaction ID: C5379ABF60	070923152
			Date of Disbursement  M M / D D / Y Y Y O O O O O O O O O O O O O O O O	YYY
Mailing Address PO Box 9639			0 6 0 9 7 2 0	1 1
	State Zip Code KY 42102		Amount of Each Disbursement thi	is Period
Purpose of Disbursement	72102		2500.	00
2012 Primary Candidate Name		011		
S. Brett Guthrie		Category/ Type		
, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2012 Primary Genera			
President	Other (specify)	11		
State: KY District: 02	-			
Full Name (Last, First, Middle Initial) Kelly Pac			Transaction ID: 3D85B7D6D0 Date of Disbursement	0974A159
	+ O.: 400		0 6 0 9 7 2 0 3	Y Y 1 1 1
Mailing Address 901 N Washington Stree			00 00 20	
,	State Zip Code VA 22314		Amount of Each Disbursement thi	is Period
Purpose of Disbursement	22014	0 0	1000.	00
2011 Contribution  Candidate Name		011 Category/		
Kelly Pac		Type		
Office Sought: House Disburse Senate	ement For: 2011 Primary Genera	al		
President X	Other (specify)	41		
State: District: Contrib	ution			
Full Name (Last, First, Middle Initial) Kind for Congress Committee			Transaction ID: 56DB35F2A7 Date of Disbursement	708092477
Mailing Address 205 5th Avenue South			06 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1 1
	State Zip Code WI 54601		Amount of Each Disbursement thi	is Period
Purpose of Disbursement		• •	1000.	00
2012 Primary Candidate Name		011 Category/		
Ron Kind		Type		
	ement For: 2012 Primary Genera	al		
President	Other (specify)			
State: WI District: 03				
			4500.	00
UBTOTAL of Disbursements This Page (optional)		<u> </u>	4500.	

SCHEDULE B (FEC Form 3X)		•	Use separate schedule(s)				NE NUMBER: PAGE 38 / 43					3			
	EMIZED DIS			for each Detailed	category of the Summary Page		21b 27	22 28	а	X 23	3b	24 28c		25 29	2 3
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	or commercial purpo NAME OF COMMI		ng the name	e and addre	ess of any political	COII	irriittee to s	OHCIL CO	oritri	bullon	STOIT	Sucri	COMMINIC	iee	
١.	Americas Health	, ,	s PAC (AF	IIP PAC)											
<u>/_</u>															
	Full Name (Last, First, Middle Initial)							1			ID:		В7С3	0B75	F6D
	Larson for Congress									_	urseme		/ · V	V - 1	v
	Mailing Address PO Box 479							Ő	6		0 3		20	11	
	City Glastonbury			State CT	Zip Code 06033			Am	nour	nt of E	ach Di	sburse	ment t	his Pe	eriod
	Purpose of Disbursement							1 L					500	0.00	
	2012 Convention						011								
	Candidate Name John B. Larson						ategory/ Type								
	Office Sought:	ment For:	2012		71	1									
		Senate		Primary	General										
	State: CT [	President District: 01	X	Other (spe	ecify) 🔻										
	Full Name (Last, Fi							_					70075		754
	Mary Bono Mack Committee							te o	f Disb	ID: 2					
	Mailing Address PO Box 3370							Ő	6	, ,	<sup>D</sup> 2 8	]	20	11	
	City Palm Springs			State CA	Zip Code 92263			Am	nour	nt of E	ach Di	sburse	ment t	his Pe	eriod
	Purpose of Disbursement 2012 Primary						011	T L				2500	0.00		
	Candidate Name Mary Bono Mack					Ca	ategory/ Type	7							
	Office Sought:	χ House	Disburse	ment For:	2012										
		Senate	X	Primary	General										
	State: CA [	President District: 45		Other (spe	ecify) 🔻										
	Full Name (Last, Fi							<b>T</b>			ID (		T4000	700	2041
	Menendez for Senate									ID: (		F1002	2/000	JOAI	
	Mailing Address One Gateway Center Suite 520							o <sup>N</sup>	6	/ /	D 2 8	/ [	ž	11	Y
	Mailing Address One Gateway Center Suite 520													-	
	City State Zip Code Newark NJ 07102							Am	nour	nt of E	ach Di	sburse	ment t	his Pe	eriod
	Purpose of Disbursement					_							1000	0.00	
	2012 Primary						011			-					_
	Candidate Name Robert Menendez						ategory/								
	Office Sought:	House	Dishurse	ment For:	2012		Туре	-							
	•	χ Senate President		Primary Other (spe	General										
	State: NJ	District:		(-P-	<i>37</i> <b>▼</b>										
			•						-		-				

	MIZED DISBURSEMEN	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE (check only 21b 27		PAGE 39 / 43  24
or for	nformation copied from such Reports commercial purposes, other than usin AME OF COMMITTEE (In Full) mericas Health Insurance Plans	g the name and address		by any person for	or the purpose of so	
<b>A.</b> N	ull Name (Last, First, Middle Initial) flichael Burgess for Congress lailing Address PO Box 2334				Date of Disburse	7525B7EDB950B4EA49Dement
D P 20	ity lenton urpose of Disbursement 012 Primary andidate Name	State TX	Zip Code 76202	011 Category/	Amount of Each	Disbursement this Period 2500.00
<u>M</u> 0	flichael Clifton Burgess  ffice Sought: X House Senate President tate: TX District: 26	Disbursement For:  X Primary Other (speci	2012 General	Type		
<b>B.</b> N	ull Name (Last, First, Middle Initial) lelson 2012 lailing Address PO Box 8666				Date of Disburse	D11FDE3C5D26BADD26
C P 20 C E	ity Imaha urpose of Disbursement D12 General andidate Name . Benjamin Nelson  Iffice Sought:  X Senate President tate: NE District:	State NE  Disbursement For: Primary Other (speci	Zip Code 68108 2012 X General	011 Category/ Type	Amount of Each	Disbursement this Period 2000.00
<b>C</b> . N	ull Name (Last, First, Middle Initial) lelson 2012 lailing Address PO Box 8666				Date of Disburse	4D3FF58C2A1F0DD1DA
C P 20 C E	urpose of Disbursement D12 Primary andidate Name . Benjamin Nelson  Iffice Sought:  X Senate President tate: NE District:	State NE  Disbursement For:  X Primary Other (speci	Zip Code 68108 2012 General	011 Category/ Type	Amount of Each	Disbursement this Period 3000.00
SUE	BTOTAL of Disbursements This Page  TAL This Period (last page this line nu					7500.00

EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 40 / 43 y one)  22   X   23   24   25   2
		27	28a 28b 28c 29 3
ny Information copied from such Reports and Star for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	71		
Americas Health Insurance Plans PAC (	AHIP PAC)		
Full Name (Last, First, Middle Initial)			Transaction ID: 5ADD690AE9A46A6
Next Century Fund			Date of Disbursement
Mailing Address 116 S Royal Street			06 06 7 28 7 2011
City	State Zip Code		Amount of Each Disbursement this Period
Alexandria Purpose of Disbursement	VA 22314		5000.00
2011 Contribution		011	
Candidate Name Next Century Fund		Category/	
	rsement For: 2011	Туре	
Senate	Primary General		
President	X Other (specify) ▼		
	ribution		
Full Name (Last, First, Middle Initial) Price for Congress		Transaction ID: 092D5E1C8FEE6AF Date of Disbursement	
Mailing Address BOD 405			06 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 425			20 2011
City Roswell	State Zip Code GA 30077		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	GA 30077	011	2500.00
Candidate Name Thomas E. Price, M.D.		Category/ Type	
	rsement For: 2012	1,750	
Senate	X Primary General		
President State: GA District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: AFB6DE0EC7BE9E5
Republican Operation To Secure and Ke KAM PAC)	ep a Majority (ROS-		Date of Disbursement
Mailing Address PO Box 1011			06 06 7 28 7 2011
City Wheaton	State Zip Code IL 60187		Amount of Each Disbursement this Period
Purpose of Disbursement	IL 00107		2000.00
2011 Contribution		011	
Candidate Name Republican Operation To Secure and Ke	ep a Majority	Category/ Type	
(ROSKAM PAC)	rsement For: 2011	1 1750	
Senate	Primary General		
State: President Cont	X Other (specify) ▼ ribution		
Side. District. Out			

		Use separate schedule(s	5)			NUMBE ( one)	=R:	Į	PAGE 41/	43
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	1b [	22 28a	X 23 28b	$\vdash$	24 25 28c 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ne and address of any politica								
. <u>.</u>	Full Name (Last, First, Middle Initial) Rogers for Congress  Mailing Address PO Box 581						of Disburs		646879C5F	
	City Brighton	State Zip Code MI 48116				Amou	unt of Eac	h Disbu	ursement this	
	Purpose of Disbursement 2012 Primary Candidate Name Mike Rogers	2010	Ca	011 ategory Type	1/	L.			2500.0	0
		ement For: 2012  Primary General Other (specify)								
	Scott Brown for Us Senate Committee Inc  Mailing Address PO Box 395	;				Date	of Disburs	sement	C7A3A8D7	
	°	State Zip Code MA 02903  ement For: 2012 Primary General Other (specify)	Ca	011 ategory Type	1/	Amou	unt of Eac	h Disbu	ursement this 2500.0	
	State: MA District:  Full Name (Last, First, Middle Initial) Senate Majority Fund  Mailing Address PO Box 32025	Cutor (openity)				-	of Disburs	sement	4945072DE	
	City Phoenix Purpose of Disbursement 2011 Contribution Candidate Name	State Zip Code AZ 85064	Ca	011 ategory	1/				ursement this	Period
	Senate	ement For: 2011 Primary General Other (specify)		Туре						
s	UBTOTAL of Disbursements This Page (optional				<b>•</b>		•		6000.0	0

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	110111-1-1				
Any Information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	AHIP PAC)						
Full Name (Last, First, Middle Initial) Solidarity Pac			Transaction ID: 8B5D5442A01EC4B0B2 Date of Disbursement				
Mailing Address 700 13th Street, NW, S	Suite 600		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} \ \end{bmatrix}$				
City Washington							
Purpose of Disbursement 2011 Contribution		011	1000.00				
Candidate Name Solidarity Pac		Category/ Type					
Senate President	sement For: 2011 Primary General X Other (specify)						
State: District: Contr	ibution						
Full Name (Last, First, Middle Initial) Sue Myrick for Congress			Transaction ID: 90C1F60261D1DB8E80 Date of Disbursement				
Mailing Address PO Box 37091			06 22 / 2011				
City Charlotte	State Zip Code NC 28237		Amount of Each Disbursement this Period				
Purpose of Disbursement 2012 Primary		011	1000.00				
Candidate Name Sue Wilkins Myrick		Category/ Type					
- <del>-</del>	sement For: 2012  X Primary General  Other (specify) ▼						

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	39500.00

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S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 43 / 43
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one)  22
	y Information copied from such Reports and Statem or commercial purposes, other than using the name	,	• •	· ·
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AF	HIP PAC)		
	Full Name (Last, First, Middle Initial) House Republican Campaign Committee  Mailing Address 106 Carter Street			Transaction ID: 67D298F6ADEE90B8F02Date of Disbursement  O 6
	Fredericksburg	State Zip Code VA 22405-2308		Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Nonfederal Contribution		011	2300.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>—</b>	2500.00